

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	REDOX THERAPY FOR TUMORS
Attorney Docket Number::	HOFFMAN9
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States/Israel
Status::	Full Capacity
Given Name::	Arnold
Middle Name::	

Family Name::	HOFFMAN
Name Suffix::	
City of Residence::	Rehovot
State or Province of Residence::	
Country of Residence::	Israel
Street of Mailing Address::	5 Rehov Hagra
City of Mailing Address::	Rehovot
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States/Israel
Status::	Full Capacity
Given Name::	Lee
Middle Name::	M.
Family Name::	SPETNER
Name Suffix::	
City of Residence::	Jerusalem
State or Province of Residence::	
Country of Residence::	Israel
Street of Mailing Address::	27 Hakablan Street
City of Mailing Address::	Jerusalem
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	93874
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel/Australia
Status::	Full Capacity
Given Name::	Michael
Middle Name::	
Family Name::	BURKE
Name Suffix::	
City of Residence::	Ramat Gan

State or Province of Residence::

Country of Residence:: Israel

Street of Mailing Address:: 61 Yosef Zvi Street

City of Mailing Address:: Ramat Gan

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 52312

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
Israel	140970	01-18-01	Yes

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::